

Data Quality Statement

DATE: _____
MTF: _____
DMIS ID: _____

MEMORANDUM FOR DHP RESOURCE MANAGEMENT STEERING COMMITTEE

THROUGH: (1) SERVICE DATA QUALITY MANAGER
(2) TMA MANAGEMENT CONTROL PROGRAM MANAGER

SUBJECT: Data Quality Statement

I acknowledge responsibility for the financial and clinical workload data reported from my Military Treatment Facility (MTF). I am working with the MTF's Data Quality (DQ) Manager and have reviewed this month's DQ Management Control (DQMC) Review List to ensure complete, accurate, and timely data from my facility. I am aware the DQ Manager will forward the monthly data quality statement to my Service's designated DQ Manager and that higher headquarters are also tracking metrics at the corporate level. The following is information from this month's DQMC Review List.

	<i>Month Reviewed</i>		
1. Adherence to requirements for daily end-of-day processing by all clinics (B.7)		<i>Yes/No</i>	
2. Compliance with Tri-service policies for timely submission of data (C.4) a) MEPRS/EAS b) SIDR/CHCS c) WWR/CHCS d) SADR/ADS	a) b) c) d)	<i>Yes/No</i> a) b) c) d)	
3. Compliance with JCAHO standards for completion of inpatient records after discharge (Benchmark = 30 days after discharge). (C.10) # Records Reviewed: _____ # Records Compliant: _____		<i>MTF Rate</i>	
4. Outcome of monthly coding audits: a) Inpatient Records (DRG) (C.11.c) # Records Reviewed: _____ # Validated: _____ b) Outpatient Records (C.12.c.) # Records Reviewed: _____ 1) E&M - # Validated: _____ 2) ICD - # Validated: _____ 3) CPT - # Validated: _____	a) 1) 2) 3)	<i>MTF Rate</i> a) 1) 2) 3)	
5. Percentage of outpatient records located in a monthly review of CHCS visits (C.12.a) # Requested (total visits): _____ # Located: _____		<i>MTF Rate</i>	
6. In accordance with TMA policy, "Implementation of EAS/MEPRS Data Validation and Reconciliation", dated 21 Dec 99 (C.17) a) Was monthly EAS/MEPRS financial reconciliation process completed and validated? b) Were monthly Inpatient and Outpatient workload reconciliation processes complete and validated?	a) b)	<i>Yes/No</i> a) b)	
7. Comparison of reported workload data (C.20). a) # SADR encounters/WWR visits b) # SIDR dispositions / WWR dispositions c) # EAS visits / WWR visits d) # EAS dispositions / WWR dispositions	a) b) c) d)	<i>Counts</i> a) b) c) d)	<i>Counts</i> a) b) c) d)
8. I am aware of data quality issues identified by the DQMC Review List and when needed, have taken action to improve the data from my facility		<i>Yes/No</i>	

Comments: (Include comments for any items reflected above as non-compliant, to include corrective actions being taken, trouble tickets initiated (if applicable), and estimated correction date)

Signature
Commanding Officer/Officer in Charge